

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|-----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | 2A | 5C583 | 21 3/2/01 |
| RESPONSE FORMALITY REVIEW | R.B | 1016 | 03/09/01 |
| | | | 06/28/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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